Prescription Drug Benefit

Administrator
ExpressScripts Inc.

Effective January 1, 2010
Restated January 1, 2012

City of Wichita		
Retail Pharmacy	Premium Plan	Select Plan
Retail Maximum Supply	31 days	31 days
Generic Copay	$5	$10
Brand-Formulary Copay	$15	$25
Brand-NonFormulary Copay	$40	$50
Fertility Agents	$40	$50
Contraception - 30 day injectable	$40	$50
Contraception - 30 day oral	$40	$50
Contraception - 90 day injectable	$40	$50
Contraception - 90 day oral	$40	$50
Chantix	$5	$10
How many copays will apply for 60 day products at retail?	2	2
How many copays will apply for 90 day products at retail?	3	3
Retail Out-of-Network		
Generic Copay	$10	$20
Brand-Formulary Copay	$30	$50
Brand-NonFormulary Copay	$80	$100
Home Delivery Pharmacy		
Home Delivery Maximum Supply	93 days	93 days
Generic	$10	$20
Brand-Formulary Copay	$30	$50
Brand-NonFormulary Copay	$80	$100
Fertility Agents	$80	$100
Contraception - 30 day injectable	$80	$100
Contraception - 30 day oral	$80	$100
Contraception - 90 day injectable	$80	$100
Contraception - 90 day oral	$80	$100
Chantix	$10	$20
DRUG COVERAGE		
Contraceptives Devices		
Contraceptive devices (eg-diaphragms, cerv. Caps)	COV	COV
IUD	NC	NC
Contraceptive Injections & Implants		
Contraceptives, Implantable (ex. Norplant)	NC	NC
Contraceptives, Non-Inj. 91 day supply (ex. Seasonale)	COV	COV
Contraceptives, Inj. 90 day supply (ex. Depo-Provera)	COV	COV
Contraceptives		
Oral Contraceptives		
Contraceptive, Oral (ex. Ortho-Evra)	COV	COV
Contraceptive, Emergency (ex. Preven, Plan B)	COV	COV
Contraceptives Devices		
Contraceptive devices (eg-diaphragms, cerv. Caps)	NC	NC

IUD	NC	NC
Contraceptive Injections & Implants		
Contraceptives, Implantable (ex. Norplant)	NC	NC
Contraceptives, Non-Inj. 91 day supply (ex. Seasonale)	COV	COV
Contraceptives, Inj. 90 day supply (ex. Depo-Provera)	COV	COV
Contraceptives, Inj. 30 day supply (ex. Lunelle)	COV	COV
Fertility & Other Hormonal Agents		
Fertility Medications		
Fertility Meds (Oral) - (e.g. Clomid)	COV	COV
Fertility Meds (Injectable) - (e.g. Pergonal)	COV	COV
Fertility Meds (Vaginal gel) - (e.g. Crinone 8%)	COV	COV
Smoking Cessation Medications		
Smoking Deterrents, Rx - ALL	COV	COV
Nicotine nasal spray (Nicotrol NS)	COV	COV
Nicotine inhaler (Nicotrol)	COV	COV
Zyban	COV	COV
Chantix	COV	COV
Injectables		
Injectables - ALL (except those addressed in any other category within this document)	COV	COV
Serums, Toxoids, Vaccines (incl Flumist) Immunizations, vaccines	NC	NC
Allergy sera (Allergens)	NC	NC
Injectables-self injectable Only	COV	COV
Other injectables	COV	COV
Antineoplastic Agents (excluding Lupron/Octreotide)	NC	NC
Cosmetic Use Only Drugs		
Hair Growth Agents (Hair growth stimulants, ie Rogaine, Propecia, Vaniqa)	NC	NC
Photo-Aged skin products (ex. Renova)	NC	NC
Depigmentation Products (ex Tri-Luma)	NC	NC
Injectible cosmetics (Botox)	NC	NC
Impotence Drugs *(impotency meds need to be consistent in their edit (all PA or all excl, etc.)*		
Injectables	COV	COV
Non - Injectable	COV	COV
Dispensing Limits		
Retail	4	31 days
Home Delivery	12	93 days
Legend Vitamins	covered	
Vitamins-(Rx) - ALL (includes hematinics)	COV	COV
Pre-natal Vitamins (legend)	COV	COV
Therapeutic Agents (ex. Niacin)	COV	COV
Legend Multivitamins (usually have OTC counterparts)	COV	COV
Fluoride Vitamins (Pediatric)	COV	COV
Nutritional Supplemental Agents	COV	COV

Hemopoetic Agents	COV	COV
Supplemental Agents (Biotin)	COV	COV
Diabetic Supplies	covered	
All	COV	COV
Syringes, Needles, Devices, Pump Supplies	COV	COV
Blood Monitors and Kits	COV	COV
Dispensing Limits	Yes	Yes
Qty per 365 days	1	1
After limits are exceeded:	PA	PA
Ample Supply?	Yes	Yes
Continuous Glucose Sensors	COV	COV
Ample Supply?	Yes	Yes
Test Strips	COV	COV
Blood Glucose Calibration Solutions	COV	COV
Urine Tests	COV	COV
Lancets	COV	COV
Lancet Devices	COV	COV
Other	COV	COV
Durable Medical Equipement		
All	NC	NC
Respitory Therapy supplies	NC	NC
Peak Flow Meters	NC	NC
Non-Insulin Syringes	COV	COV
Ostomy Supplies	NC	NC
Other		
Weight Management	NC	NC
Compounded Products	COV	COV
Non-Legend OTCs	NC	NC
Medical Foods	COV	COV
Dental Fluoride Products (dental), Rx	COV	COV
Growth Promoting Agent (incl those used for cancers)	PA required	PA required
Androgen Medications	COV	COV
Nail Fungus Treatment	COV	COV
Prior Authorization		
ESI Base List		
• Trentinoin	PA	PA
• Tazorac	PA	PA
• Regranex	PA	PA
• Growth Hormones (inj.)	PA	PA
• Aranesp inj.	PA	PA
• Epogen/Procrit inj.	PA	PA
• Botox inj.	PA	PA
• Prolastin inj./Aralast inj./Zemaira	PA	PA
• Myobloc inj.	PA	PA
• Revatio	PA	PA
• ALL Base Prior Authorizations drugs w/ updates & revisions	Yes	Yes
ESI Supplemental		

• Cimzia (Injectable)		PA	PA
• Diflucan (excluding 150mg tablets)		PA	PA
• Sporanox capsules		PA	PA
• Lamisil tablets		PA	PA
• Penlac topical solution		PA	PA
• Forteo inj.		PA	PA
• Amevive inj.		PA	PA
• Remicade inj.		PA	PA
• Xolair inj.		PA	PA
• Provigil		PA	PA
• Raptiva inj.		PA	PA
• Enbrel inj.		PA	PA
• Enbrel inj.(included in the ESI Selected Inj Drug List)		PA	PA
• Kineret inj.(included in the ESI Selected Inj Drug List)		PA	PA
• Humira inj.(included in the ESI Selected Inj Drug List)		PA	PA
• Orencia (included in the ESI Selected Inj Drug List)		PA	PA
• Rituxan inj.(included in the ESI Selected Inj Drug List)		PA	PA
• Topamax and Zonegran		PA	PA
Step Therapy			
• ACE Inhibitors		X	X
• A-II (ARB)		X	X
• Avodart		X	X
• Branded NSAIDS		X	X
• Cyclooxygenase-2 Inhibitor (COX-II) Drugs		X	X
• Enhanced Bisphosphonates		X	X
• Fenofibrate		X	X
• HMG – Enhanced Lipitor Formulary		X	X
• Hypnotics		X	X
• Leukotrienes Pathway Inhibitors		X	X
• Nasal Steroids		X	X
• Non-Sedating Antihistamines		X	X
• Other Antidepressants - Bupropion/SNRI		X	X
• Overactive Bladder		X	X
• PPI - Enhanced		X	X
• SSRI		X	X
• Tekturna		X	X
• Topical Corticosteroids		X	X
• Topical Immodulators		X	X

Formulary Drugs

Beginning January 1, 2010, your plan will use a list of prescription drugs or formulary. If you take a brand-name prescription drug that's on the formulary list, you'll pay the copay plus the difference between the brand and generic drug. One alternative to paying this higher copayment is to ask your doctor is a generic equivalent is available. Generics are medications approved by the U.S. Food and Drug Administration (FDA) that are as safe and effective as brand-name drugs, but that cost less. Your formulary encourages the use of generics, and they save you money. Only you and your doctor can make decisions about your healthcare. Be sure to ask your doctor about the drugs that appear on your formulary drug list so he or she can choose ones that are right for you.

Medications Requiring Prior Authorization

Some prescription drugs require "prior authorization." This simply means that when your doctor prescribes one of these drugs, he or she needs to contact Express Scripts to ask if your plan can cover the drug.

To see the drugs included in your plan's Prior Authorization program, check the list below:

Trentioin	Epogen (Inj.) / Procrit (inj.)	Sporanox capsules	Raptiva (inj.)
Tazorac (Topical)	Botox (Inj.)	Lamisil tablets	Kineret (inj.)
Regranex (Topical)	Prolastin (Inj.) / Aralast (inj.)	Penlac topical solution	Humira (inj.)
Growth Promoting Agents (Inj.)	Myobloc (Inj.)	Forteo (inj.)	Orencia (inj.)
Aranesp (Inj.)	Revatio (Oral)	Enbrel (inj.)	Exubera (inhaled)
Diflucan (excl 150mg tabs)	Cimzia (inj.)	Remicade (inj.)	Rituxan (inj.)
Topemax / Zonegran	Diflucan)	Xolair (inj.)	Amevive (inj.)
Enbrel (inj.)	Humira (inj.)	Provigil	

How Prior Authorization works

The program monitors certain prescription drugs and their costs **so that you can get the right drug at the right cost**. That is, you receive an effective drug which is *also* covered by your benefits. It works much like a health plan that approves some medical procedures beforehand, to make sure you're getting tests you need: Some prescriptions are pre-approved for coverage.

What you can do

- Show your doctor the enclosed list. If a drug you use is on the list, your doctor should contact Express Scripts. An Express Scripts representative will see if your plan can cover the drug.
- Your pharmacist might also tell you that a drug needs a prior authorization. If this occurs, the pharmacist can call your doctor and ask him or her to contact Express Scripts to see if your plan can cover the drug. When a prescription drug is approved for coverage, you'll pay the applicable copayment. If a drug you're taking cannot be covered and you still want to take it, you must pay the full cost.

How to Get Prescriptions from a Local Retail Pharmacy

Plan members will receive a prescription ID card showing the Express Scripts logo. You'll need to show this ID card to your pharmacist each time you get a prescription filled. When making your purchase, you will need to pay the required copayment charge at the point of sale. To locate pharmacies near you that are in the Express Scripts network, visit the Web site at https://member.express-scripts.com/preview/cityof wichita2010.

How to Use the Home Delivery Pharmacy

Take advantage of added discounts and the convenience of home delivery for maintenance medications. To begin home delivery in 2010 as a new member of the Express Scripts plan, you will need to ask your doctor to write a new prescription for a 90-day supply, plus appropriate refills for up to one year. Complete the Member Profile form (available in your Express Scripts new member packet, at www.express-scripts.com after Jan. 1, 2010, or call the toll-free number on the back of your ID card to request one). You only need to fill out this profile once (or when any update is needed, i.e. adding a family member or address change). Mail the completed profile form, prescription(s) and copayment to Express Scripts at P.O. Box 52112, Phoenix, AZ 85072-2112. Please allow about 14 days to receive your initial order. Once your Home Delivery prescription account is established, refills are available by mail, by phone or online at www.express-scripts.com. The Express Scripts Home Delivery plan will offer a courtesy call to let you know that your order has been received, and another call is made when your order has been shipped. Overnight or second-day delivery may be available for your area for an additional charge.

How to Obtain Specialty Medications

Express Scripts offers the CuraScript Specialty Pharmacy as your exclusive pharmacy for your specialty needs. Express Scripts allows the first-time specialty medication user to access a participating retail pharmacy for the first fill and one refill before requiring fills through the CuraScript pharmacy. You can reach CuraScript at 866-848-9870 for information on all your specialty medication needs, or you can contact the Express Scripts Patient Care Contact Center at 1-877-531-4910 after January 1, 2010.

24-Hour Customer Service

To answer your questions and ensure your prescription drug plan runs smoothly, the Express Scripts Patient Care Contact Center is always open—24-hours a day, seven days a week. Call us any time at -877-531-4910; this number will be active for Open Enrollment October 23, 2009 through November 13, 2009. The phone lines will then reopen December 24, 2009.

Prescription Services Online

- After January 1, 2010, please visit the Express Scripts member Web site at www.express-scripts.com to view *personalized* claim and copay information as well as savings opportunities. This Web site will allow you to:Locate pharmacies in your neighborhood or vacation destination
- Review your claims profile
- Look up drugs by name and read about them
- Read about drug-to-drug interactions

- Sign up and order refills for the Home Delivery Program and check the status of your order
- Send e-mail questions to a pharmacist
- Use Price Check to view an estimate of your copayment before making a purchase

Claims Submission

- Members to submit all claims:

  Express Scripts, Inc.
  ATTN: Claims Department

  P.O. Box 390873
  Bloomington, MN 55439-0873

Appeals Process

- Members to submit all appeals to:

  Express Scripts, Inc.
  ATTN: ESI Pharmacy Appeals – JXC
  Mail Route BL0390
  6625 W. 78th St.
  Bloomington, MN 55439

Upon receipt of appeals at the Express Scripts appeal address above, Express Scripts will forward to MCMC for review and determination.